

# 2021 Regence Medicare Advantage Plan Information

Thank you for your interest in applying for the Regence BlueShield of Washington Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an "Enrollment Verification Letter" from Regence BlueShield within 15 calendar days of receipt of the enrollment request.

## Enrollment Packet – click links below to download and save documents

Star Rating: [HMO](#) / [PPO](#)

[Apply Online](#)

Summary of Benefits: [Metro](#) / [Non-Metro](#) / [Whatcom-Skagit](#)

Provider Search: [Align & Align Plus HMO](#) / [HMO & HMO Plus](#) / [Primary, Classic & Enhance PPO](#)

[Pharmacy Search](#)

[Formulary](#)

### Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15<sup>th</sup> to December 7<sup>th</sup>. This will give you a January 1<sup>st</sup> effective date for your new plan.

### Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15<sup>th</sup> and December 7<sup>th</sup>. *If they are signed prior to October 15<sup>th</sup> they will be returned to you with a new application.* If they are received after December 7<sup>th</sup>, you will not be able to change plans until the next AEP for January of the following year.

### Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

CDA Insurance LLC  
PO Box 26540  
Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470  
Secure File Upload: [Click here](#)  
Email: [cs@cda-insurance.com](mailto:cs@cda-insurance.com)

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613.  
Our website: <https://medicare-washington.com>

Y0062\_MULTIPLAN\_CDA INSURANCE Washington 2021



## MEDICARE ADVANTAGE PPO PLANS

# 2021 Enrollment Guide

for residents of Clallam, Columbia, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Thurston, Wahkiakum, Walla Walla and Yakima counties

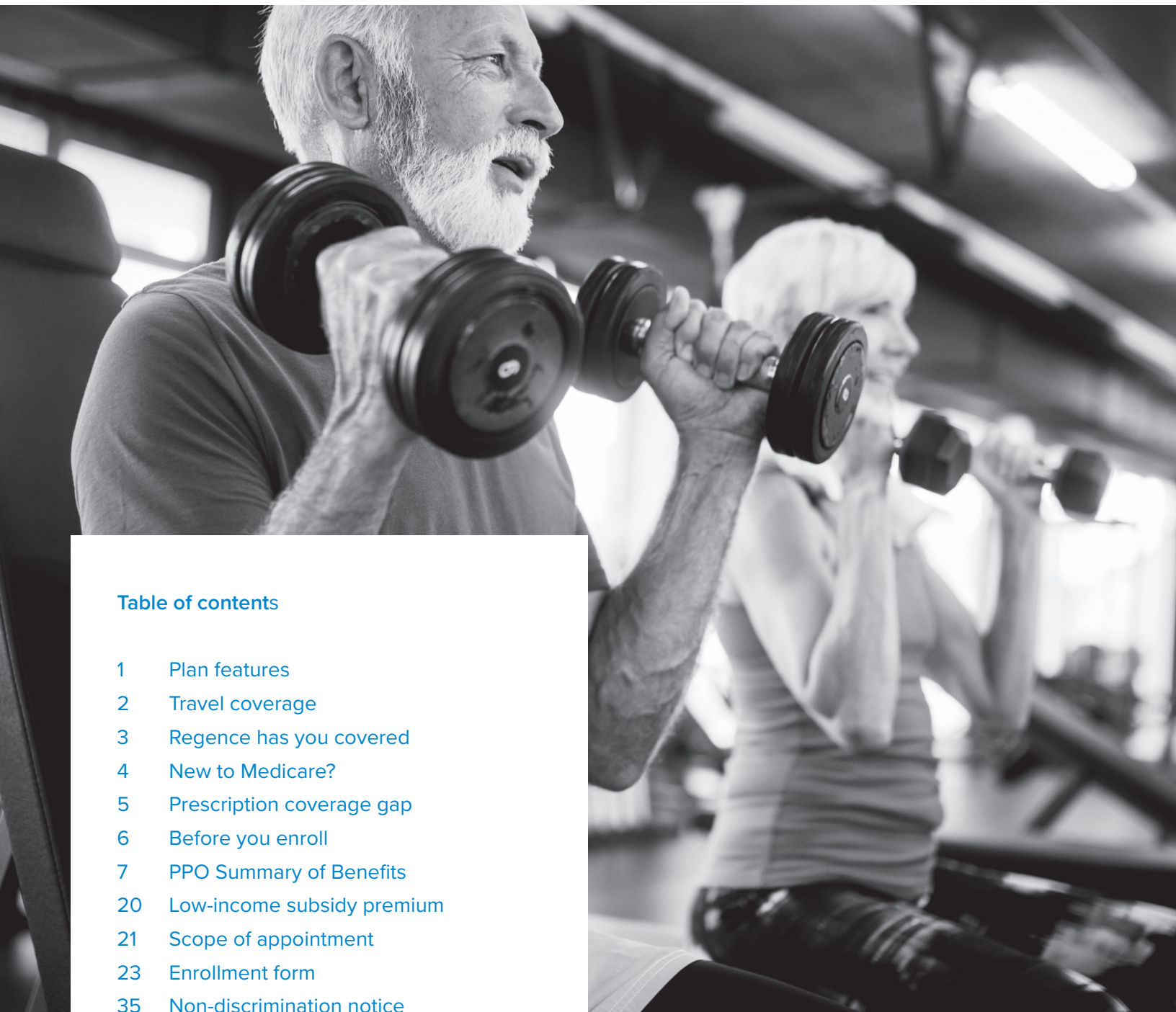


# Choose Blue. Choose Regence.

When you choose Regence you get the trust and support of a local health plan combined with the world-recognized provider acceptance and network coverage of a Blue Plan. We're opening doors to top hospitals, medical centers and providers so you can get high-quality care at a more affordable cost.

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	Insert: Star ratings



# You don't have to spend a lot to get a lot

Get all the extra benefits you need to stay healthy at no extra cost.



## Preventive dental

\$0 routine exams and X-rays  
\$0 cleanings and topical fluoride  
2 routine dental visits per year



## Comprehensive dental

\$0 diagnostic services with most plans\*  
Up to \$1,000 coverage for restorative care on select plans\*



## Routine vision exam and hardware

\$0 annual vision exam  
\$0 lenses and a yearly allowance for frames or contacts



## Routine hearing exam and hearing aids

\$0 routine hearing exam  
Coverage for up to 2 hearing aids



## Alternative care

Acupuncture, chiropractic, therapeutic massage and naturopathy benefits



## Regence Empower™

Participate in self-paced online health education programs, and track your activities and health goals



## Virtual doctor visits (telehealth)

Medical care and mental health visits are available by mobile app, video or phone



## Over-the-counter supplies

\$40 quarterly prepaid card available with the Regence Valiance plan  
Use at participating retail locations or online at **NationsOTC.com**



## Silver&Fit® fitness program

\$0 basic fitness center membership  
**NEW** expanded home fitness options:  
Up to two Home Fitness Kits per year from 34 unique options  
One Stay Fit Kit per year with options that include yoga, strength training, or a complimentary Fitbit or Garmin fitness tracker  
Weekly coaching phone sessions



## Home safety and support

\$0 personal emergency response device (PERS) with free monthly monitoring  
\$0 virtual companionship services with phone visits, grocery drop off, and more\*\*  
\$0 meal delivery for post-hospital stay or chronic condition nutritional support\*\*

*\*Optional comprehensive dental coverage can be added for an additional monthly premium. See the Summary of Benefits for more details about our plan's supplemental and optional benefits.*  
*\*\*Eligibility criteria applies.*

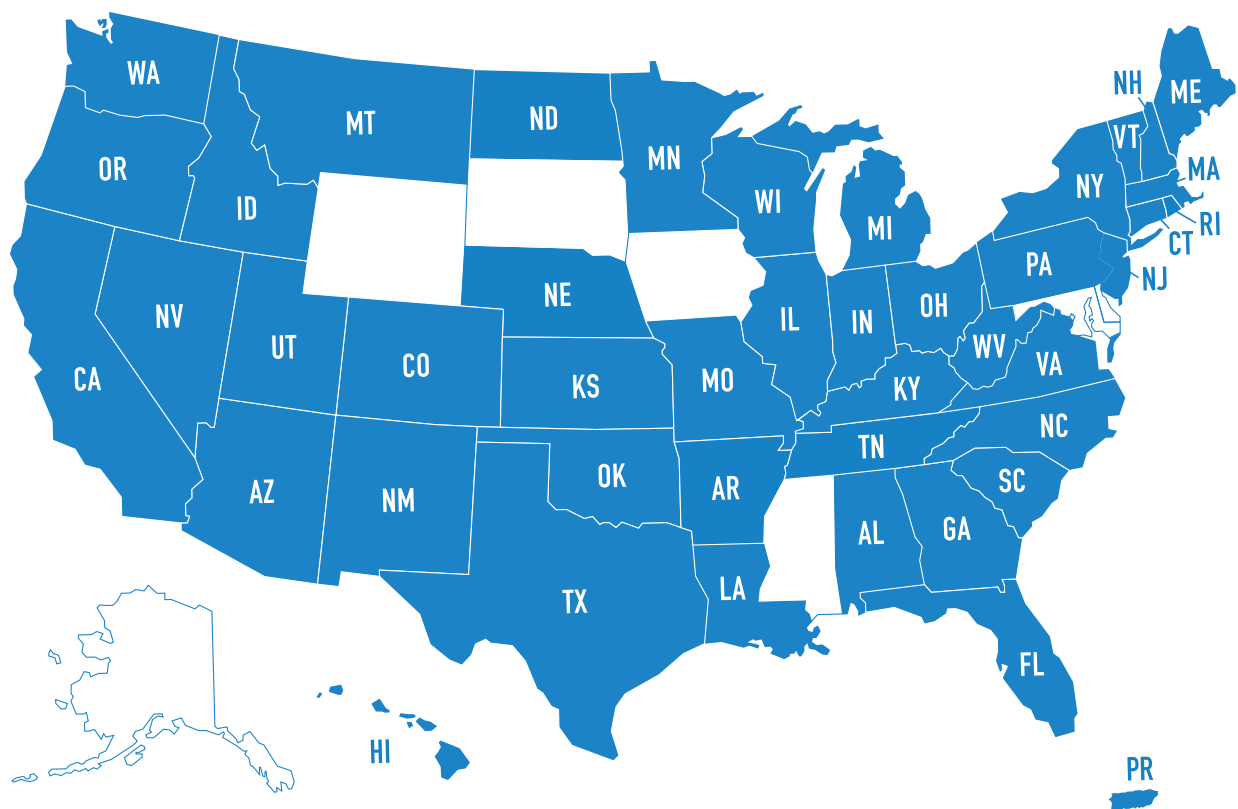


## Coverage that travels with you

Our PPO plans cover urgent and emergency medical care in 190+ countries around the world. You won't pay any more than you would at home. Learn more at [bcbsglobalcore.com](https://www.bcbsglobalcore.com).

## Access to care across the country

You can split time between residences or travel around the United States without paying too much for the care you need. Regence PPO plans provide in-network coverage for routine medical care in any of the states shaded in blue below (in-network providers may not be in all areas of a state). To find an in-network provider, visit [bcbs.com/find-a-doctor](https://www.bcbs.com/find-a-doctor).



- In-network PPO coverage
- Out-of-network PPO coverage

## Be ready for whatever life brings your way

Life can be unpredictable, but your Regence Medicare Advantage plan has you covered now and in the future.

### Need your annual checkup?

Your plan includes a no-cost annual physical exam, plus all your Medicare-covered preventive services and immunizations, so it's easy to maintain your good health.

### Can't get to the doctor?

Virtual doctor visits (telehealth) are a convenient alternative to an office visit. Speak to a board-certified doctor or psychiatrist in the comfort of your own home. If needed, they'll send prescriptions directly to your pharmacy.

### Want to stay safe and healthy at home?

Feel more confident with a no-cost medical alert device that includes automatic fall detection and provides 24-hour emergency response at the push of a button. Our fitness benefit now includes weekly health coaching and expanded home fitness options when going to the gym isn't feasible. You may also be eligible for virtual companionship services for phone visits, grocery and pharmacy pick-up/delivery, technology assistance and more.

### Need easier access to your medications?

Filling a three-month supply of your medication saves you a trip to the pharmacy and may save you money. Or avoid the pharmacy and sign up for home-delivery with free standard shipping anywhere in the United States.

### Unsure of what kind of care you need?

Our confidential nurse line gives you 24/7 access to a medical professional to discuss symptoms, get home care options or determine if you need to see a doctor.

### Managing a chronic condition?

Our specialized care management programs offer one-on-one health support, including help coordinating supplies, prescriptions, caregiver support and more. You may also qualify for nutritional support with meal delivery services at no cost.

### Financial circumstances impacting your life or health?

You may qualify for help with medical costs, heating bills, meal programs or more. Compassionate advocates can help if you're eligible for lower premium and prescription drug costs. They can also enroll you in social or community-based programs.

### Are you or a family member facing a serious illness?

Palliative care provides no-cost, patient-centered support for people with serious illness or injury. Services include medical care coordination, pain/symptom management, counseling services and more.

# New to Medicare?

Medicare can be confusing. Below are answers to some common questions.

## How can I find out if my doctors and prescription drugs are covered?

Make a list of your doctors and prescriptions and call us at **1-888-REGENCE** (1-888-734-3623). Or visit [regence.com/medicare](https://regence.com/medicare) to search our list of providers, pharmacies and covered drugs.

## I have VA benefits. Can I sign up for Regence Medicare Advantage?

Yes. Medicare Advantage doesn't replace VA benefits, and you can still use VA medical and prescription benefits. But Medicare Advantage offers extra benefits, more provider choices and worldwide travel coverage for urgent and emergency care.

## Can I have a Medicare Advantage plan and a separate Part D plan?

No. Federal regulations don't allow you to enroll in a separate Part D prescription drug plan in addition to a Medicare Advantage plan. If you want prescription drug coverage, choose a Medicare Advantage plan with prescription benefits.

## What if I work past age 65?

If you have coverage through your employer, you may be able to delay Medicare until you retire. However, if your employer has fewer than 20 employees, you may need to sign up for Medicare at 65 even if you still work. Consult your employer's benefit manager or your Social Security office for more information.

## Do your plans cover me when I travel?

Yes. All Regence Medicare Advantage plans cover urgent and emergency care anywhere in the world, except for Part D prescription drugs.

## What if I frequently visit or live part-time in another state?

A Regence PPO plan gives you in-network coverage for routine medical care in states with participating Blue PPO network providers.

## How can I get help with Medicare costs?

The Low-Income Subsidy program (also called "Extra Help") helps pay all or most of your monthly plan premium, yearly deductibles and prescription costs. Contact your Social Security office for more information.

## Does it cost more to enroll with an agent?

No. There is never an extra cost or obligation if you enroll with an agent or broker. Agents are trained insurance professionals who can help you decide which plan is the best fit for you.

## When will my coverage be effective?

If you're new to Medicare, we'll notify you of your effective date as soon as Medicare verifies your eligibility. If you're switching plans during the Annual Enrollment Period (Oct. 15 - Dec. 7), your coverage will take effect on Jan. 1 of the following year.

## Why choose a PPO plan?

PPO plans give the flexibility to choose any provider that accepts Medicare (you may pay more) and allows you to see specialists without a referral.

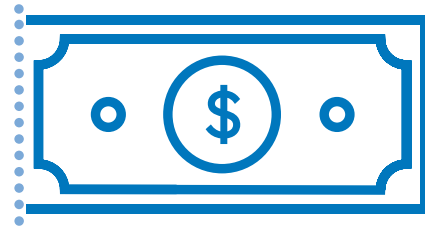


# Prescription costs in the coverage gap

## Deductible

### Meet your plan's prescription deductible

You first need to meet your plan's annual prescription deductible. Your deductible amount resets every calendar year on Jan. 1. There is no deductible for generic medications on Tiers 1 and 2.

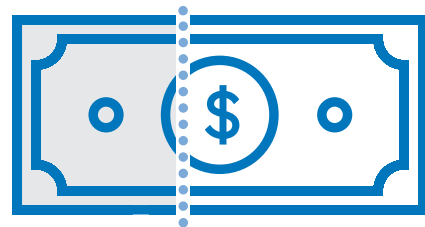


Pay the plan's prescription deductible (\$0 for Tiers 1 and 2)

## Initial coverage

### Pay a copay or coinsurance for each fill until total spent by you and plan reaches \$4,130

After you meet your deductible, you pay a copay or coinsurance for each prescription until the amount you and your plan spend on prescriptions reaches the initial coverage limit. Then you enter the coverage gap. Not everyone will enter the coverage gap.

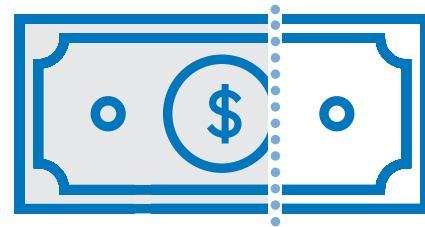


Pay a copay or coinsurance until prescription costs reach \$4,130

## Coverage gap

### Pay 25% of negotiated price for generic and brand-name drugs until your prescription spending reaches \$6,550

After the initial coverage limit is met, you enter the coverage gap. You pay 25% of your plan's negotiated price for generic and brand-name drugs until your spending on prescription drugs reaches the total out-of-pocket threshold. Then you enter catastrophic coverage.



Pay 25% until your total spend on prescriptions reaches \$6,550

## Catastrophic coverage

### Pay the greater of 5% or \$3.70 for generic drugs; pay the greater of 5% or \$9.20 for brand-name drugs

When you enter catastrophic coverage, you pay only a small amount for your covered drugs for the rest of the year. Your plan pays the rest.



Pay 5% or \$3.70 for generics and 5% or \$9.20 for brand-name drugs



## Before you enroll



### Look up your doctors and medications

Visit **regence.com/medicare** and use our search tools to make sure your doctor is in our provider network and your medications are covered under our formulary (list of covered prescription drugs).

We recommend using in-network providers to help you save money. You will always get the highest level of coverage and lowest costs when you see an in-network provider.



### Join a webinar

Attend a free, no-obligation informational webinar where you can find out more about Medicare, ask questions and learn more about your Regence Medicare plan options. Visit us at **regence.com/medicare** to register for webinars and events, watch informational videos and find other helpful resources.



### Or let us do the work for you

Regence Medicare plan advisors are ready to help you choose a plan, find a doctor or look up your medications. You can even skip the paperwork and let us complete your enrollment over the phone. Simply call **1-844-REGENCE** (734-3623) (TTY: 711), 8 a.m. to 5 p.m., Pacific time, Monday through Friday.



### Ready to enroll?

1. Fill out and sign the enrollment form included in this guide.
2. Verify that the information from your Medicare card is listed correctly on your enrollment application. Or make a copy of your Medicare card and attach it to your enrollment application.
3. Return your completed and signed enrollment form in the enclosed postage-paid return envelope. Do not send any payment with your enrollment application.

Or visit **regence.com/go/shop** to choose a plan and enroll online.



## MEDICARE ADVANTAGE PPO PLANS

# 2021 Summary of Benefits

for residents of Clallam, Columbia, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Thurston, Wahkiakum, Walla Walla and Yakima counties

The information listed is a summary of what we cover and **what you pay**. It does not list every service, coverage limitation or exclusion. **The Regence MedAdvantage + Rx Enhanced plan is not available in Clallam, Grays Harbor, Jefferson and Mason counties.**

	Regence <b>MedAdvantage + Rx Primary (PPO)</b>		Regence <b>MedAdvantage + Rx Classic (PPO)</b>	
<b>Plan number</b>	H5009-009		H5009-008	
<b>Monthly plan premium</b>	\$38		\$78	
<b>Annual deductible</b> Medical	\$0		\$0	
Prescription	\$0 (Tiers 1,2) \$300 (Tiers 3,4,5)		\$0 (Tiers 1,2) \$250 (Tiers 3,4,5)	
<b>Maximum out-of-pocket responsibility</b>	\$6,700 in-network \$10,000 combined in- and out-of-network		\$6,200 in-network \$10,000 combined in- and out-of-network	
	<b>In-network</b>	<b>Out-of-network</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Inpatient hospital coverage<sup>1</sup></b>	Days 1-4: \$450 / day Days 5+: \$0 / day	Days 1+: 50%	Days 1-4: \$400 / day Days 5+: \$0 / day	Days 1+: 50%
<b>Ambulatory surgery center services<sup>1</sup></b>				
For wound care	\$50	50%	\$40	50%
For all other services	\$375	50%	\$325	50%
<b>Outpatient hospital services<sup>1</sup></b>				
For wound care	\$50	50%	\$40	50%
For observation	\$90	50%	\$90	50%
For all other services	\$450	50%	\$400	50%
<b>Doctor visits</b>				
Primary care provider	\$20	50%	\$10	50%
Specialist	\$50	50%	\$40	50%
<b>Preventive care</b>	\$0	50%	\$0	50%

**1-** Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

To join a Regence Medicare Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our **Clallam, Columbia, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Thurston, Wahkiakum, Walla Walla** and **Yakima** counties service area.

Regence <b>MedAdvantage + Rx Enhanced (PPO)</b>		Regence <b>Valiance (PPO) (no Rx)</b>		What you should know
H5009-002		H5009-001		
\$157 (not available in Clallam, Grays Harbor, Jefferson and Mason counties)		\$0		You must continue to pay your Medicare Part B premium.
\$0		\$0		Amount you pay for health care services before your health plan begins to pay. Deductible amounts reset every calendar year on January 1.
\$0 (Tiers 1,2) \$250 (Tiers 3,4,5)		Not covered		
\$5,400 in-network \$10,000 combined in- and out-of-network		\$6,200 in-network \$10,000 combined in- and out-of-network		Annual limit on your out-of-pocket costs for Part A (hospital) and Part B (medical) services. Does not include prescription drugs.
In-network	Out-of-network	In-network	Out-of-network	
Days 1-5: \$350 / day  Days 6+: \$0 / day	Days 1+: 50%	Days 1-4: \$390 / day  Days 5+: \$0 / day	Days 1+: 50%	There is no limit/maximum to number of days.
\$35	50%	\$40	50%	
\$300	50%	\$300	50%	
\$35	50%	\$40	50%	
\$90	50%	\$90	50%	
\$350	50%	\$350	50%	
\$5	50%	\$5	50%	
\$35	50%	\$40	50%	
\$0	50%	\$0	50%	Cost-sharing may apply if you receive other services during your preventive care visit.

**1-** Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.



	Regence <b>MedAdvantage + Rx Primary (PPO)</b>		Regence <b>MedAdvantage + Rx Classic (PPO)</b>	
	<b>In-network</b>	<b>Out-of-network</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Emergency care</b>	\$90	\$90	\$90	\$90
<b>Urgently needed services</b>	\$50	\$50	\$40	\$40
<b>Diagnostic services/labs/imaging</b>				
Lab services <sup>1</sup>	\$0 - \$30	50%	\$0 - \$15	50%
Outpatient X-rays	\$30	50%	\$15	50%
Diagnostic tests and procedures <sup>1</sup>	\$30	50%	\$15	50%
Diagnostic radiology (MRI, CT, etc.) <sup>1</sup>	20%	50%	20%	50%
<b>Hearing services</b>				
Medical hearing exam	\$50	50%	\$40	50%
Routine hearing exam <sup>2</sup>	\$0	\$150	\$0	\$150
Hearing aids (1 per ear, per year) <sup>2</sup>	\$699 or \$999 per aid	Not covered	\$699 or \$999 per aid	Not covered
<b>Dental services</b>				
Medical dental services	\$50	50%	\$40	50%
Preventive dental services <sup>2</sup>	\$0	50%	\$0	50%
Comprehensive dental services - diagnostic <sup>2</sup>	Not covered; available as an optional supplemental benefit	Not covered; available as an optional supplemental benefit	\$0	50%
Comprehensive dental services - restorative <sup>2</sup>	Not covered; available as an optional supplemental benefit	Not covered; available as an optional supplemental benefit	Not covered; available as an optional supplemental benefit	Not covered; available as an optional supplemental benefit

**1-** Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

Regence <b>MedAdvantage + Rx Enhanced (PPO)</b>		Regence <b>Valiance (PPO) (no Rx)</b>		What you should know
In-network	Out-of-network	In-network	Out-of-network	
\$90	\$90	\$90	\$90	Copay waived if admitted to the hospital within 48 hours.
\$35	\$35	\$40	\$40	
\$0 - \$10	50%	\$0 - \$20	50%	Lower copay amount applies to HbA1C testing; higher copay applies to all other lab services.
\$10	50%	\$20	50%	
\$10	50%	\$20	50%	
20%	50%	20%	50%	
\$35	50%	\$40	50%	
\$0	\$150	\$0	\$150	Routine hearing services provided by TruHearing® for in-network coverage. Hearing aids covered only if obtained from TruHearing.
\$599 or \$899 per aid	Not covered	\$699 or \$999 per aid	Not covered	
\$35	50%	\$40	50%	
\$0	50%	\$0	50%	Covers preventive exams, bitewing X-rays, cleanings and topical fluoride two times per calendar year. Full-mouth X-rays covered once every three years.
\$0	50%	\$0	50%	Covers diagnostic exams and intraoral-periapical X-rays two times per calendar year.
50%; \$1,000 benefit limit per calendar year	50%; \$1,000 benefit limit per calendar year	50%; \$1,000 benefit limit per calendar year	50%; \$1,000 benefit limit per calendar year	Covers crowns, dentures, partials, bridges, implants, restorations, endodontics, periodontics and oral surgery.

**1-** Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

	Regence <b>MedAdvantage + Rx Primary (PPO)</b>		Regence <b>MedAdvantage + Rx Classic (PPO)</b>	
	In-network	Out-of-network	In-network	Out-of-network
<b>Vision services</b>				
Medical vision services	\$0	50%	\$0	50%
Routine vision exam <sup>2</sup>	\$0	50%	\$0	50%
Routine vision hardware <sup>2</sup>	Lenses: \$0 Frames or contact lenses: \$100 allowance per year	Lenses: 50% Frames or contact lenses: \$100 allowance per year	Lenses: \$0 Frames or contact lenses: \$100 allowance per year	Lenses: 50% Frames or contact lenses: \$100 allowance per year
<b>Mental health services<sup>1</sup></b>				
Inpatient	Days 1-4: \$400 / day Days 5-190: \$0 / day	Days 1-190: 50%	Days 1-4: \$400 / day Days 5-190: \$0 / day	Days 1-190: 50%
Outpatient therapy (individual and group)	\$40	50%	\$40	50%
<b>Skilled nursing facility<sup>1</sup></b>	Days 1-20: \$0 / day Days 21-100: \$167 / day	Days 1-100: 50%	Days 1-20: \$0 / day Days 21-100: \$167 / day	Days 1-100: 50%
<b>Physical therapy<sup>1</sup></b>	\$40	50%	\$40	50%
<b>Ambulance (air/ground)<sup>1</sup></b>	\$275	\$275	\$275	\$275
<b>Transportation</b>	Not covered	Not covered	Not covered	Not covered
<b>Medicare Part B drugs<sup>1</sup></b>	20%	50%	20%	50%
<b>Alternative care</b>				
Acupuncture (Medicare-covered)	\$20	50%	\$20	50%
Acupuncture (additional) <sup>2</sup>	\$20	50%	\$20	50%
Chiropractic (Medicare-covered)	\$20	50%	\$20	50%

**1-** Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

Regence <b>MedAdvantage + Rx Enhanced (PPO)</b>		Regence <b>Valiance (PPO) (no Rx)</b>		What you should know
In-network	Out-of-network	In-network	Out-of-network	
\$0	50%	\$0	50%	
\$0	50%	\$0	50%	Routine vision services provided by VSP® Vision Care for in-network coverage. Covered lenses include basic single-vision, lined bifocal, lined trifocal or lenticular lenses. One pair of lenses/frames or single purchase of contact lenses per year.
Lenses: \$0 Frames or contact lenses: \$150 allowance per year	Lenses: 50% Frames or contact lenses: \$150 allowance per year	Lenses: \$0 Frames or contact lenses: \$100 allowance per year	Lenses: 50% Frames or contact lenses: \$100 allowance per year	
Days 1-5: \$350 / day Days 6-190: \$0 / per day	Days 1-190: 50%	Days 1-4: \$390 / day Days 5-190: \$0 / day	Days 1-190: 50%	There is a 190-day lifetime maximum.
\$35	50%	\$40	50%	
Days 1-20: \$0 / day Days 21-100: \$160 / day	Days 1-100: 50%	Days 1-20: \$0 / day Days 21-100: \$160 / day	Days 1-100: 50%	Up to 100 days covered per benefit period.
\$35	50%	\$40	50%	Includes occupational therapy and speech language therapy.
\$250	\$250	\$250	\$250	Copay applies for each one-way transport.
Not covered	Not covered	Not covered	Not covered	
20%	50%	20%	50%	Usually administered in a hospital setting, like chemotherapy drugs.
\$20	50%	\$20	50%	Limited to treatment of chronic low back pain.
\$20	50%	\$20	50%	Up to 18 visits per year combined with additional chiropractic visits.
\$20	50%	\$20	50%	Limited to manipulation of the spine to correct a subluxation.

**1-** Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.



	Regence <b>MedAdvantage + Rx Primary (PPO)</b>		Regence <b>MedAdvantage + Rx Classic (PPO)</b>	
	In-network	Out-of-network	In-network	Out-of-network
<b>Alternative care (cont.)</b> Chiropractic (additional) <sup>2</sup>	\$20	50%	\$20	50%
Massage therapy <sup>2</sup>	\$20	50%	\$20	50%
Naturopathy <sup>2</sup>	\$20	50%	\$20	50%
<b>Annual physical exam</b>	\$0	50%	\$0	50%
<b>Fitness program (Silver&amp;Fit®)<sup>2</sup></b>	\$0	Not covered	\$0	Not covered
<b>Meal delivery service<sup>2</sup></b> Chronic health status	\$0	Not covered	\$0	Not covered
Post-discharge	\$0	Not covered	\$0	Not covered
<b>Over-the-counter items<sup>2</sup></b>	Not covered	Not covered	Not covered	Not covered
<b>Palliative care and support<sup>2</sup></b>	\$0	50%	\$0	50%
<b>Personal emergency response system (PERS)<sup>2</sup></b>	\$0	Not covered	\$0	Not covered
<b>Podiatry services</b> Medicare-covered	\$50	50%	\$40	50%
Diabetic routine foot care <sup>2</sup>	\$0	50%	\$0	50%
<b>Virtual companionship<sup>2</sup></b>	\$0	Not covered	\$0	Not covered
<b>Virtual visits (telehealth)</b>	\$20	50%	\$10	50%

**1-** Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

Regence <b>MedAdvantage + Rx Enhanced (PPO)</b>		Regence <b>Valiance (PPO) (no Rx)</b>		What you should know
In-network	Out-of-network	In-network	Out-of-network	
\$20	50%	\$20	50%	Up to 18 visits per year combined with additional acupuncture visits.
\$20	50%	\$20	50%	Limit of 6 visits per year; up to 60 minutes per visit.
\$20	50%	\$20	50%	Limit of 6 visits per year.
\$0	50%	\$0	50%	In addition to the Medicare Annual Wellness Visit.
\$0	Not covered	\$0	Not covered	Fitness center membership, home fitness options including a complimentary Fitbit, weekly health coaching and more.
\$0	Not covered	\$0	Not covered	Requires enrollment in care management program. Chronic health: 2 meals/day for 56 days, 112-meal limit. Post-discharge: 2 meals per day, 28 days, 56-meal limit.
\$0	Not covered	\$0	Not covered	
Not covered	Not covered	\$40 every 3 months	\$40 every 3 months	Unused balance does not accumulate or carry over from quarter to quarter.
\$0	50%	\$0	50%	Includes care planning, pain/symptom management and counseling services for patients, caregivers and families in case of serious illness.
\$0	Not covered	\$0	Not covered	Benefit includes device and monthly monitoring services.
\$35	50%	\$40	50%	
\$0	50%	\$0	50%	Limit of 6 visits per year.
\$0	Not covered	\$0	Not covered	Virtual support services by phone. Limit of 4 visits per month; up to 60 minutes per visit.
\$5	50%	\$5	50%	Medical and mental health services provided by MDLIVE® or other provider by phone or video.

**1-** Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

	Regence <b>MedAdvantage + Rx Primary (PPO)</b>	Regence <b>MedAdvantage + Rx Classic (PPO)</b>	Regence <b>MedAdvantage + Rx Enhanced (PPO)</b>
<b>Prescription deductible</b>	\$0 (Tiers 1,2) \$300 (Tiers 3,4,5)	\$0 (Tiers 1,2) \$250 (Tiers 3,4,5)	\$0 (Tiers 1,2) \$250 (Tiers 3,4,5)

**Initial coverage** (after deductible, what you pay until you and the plan pay \$4,130 for prescription drugs)

<b>Tier 1: Preferred generic</b>	<b>1-month</b>	<b>3-month</b>	<b>1-month</b>	<b>3-month</b>	<b>1-month</b>	<b>3-month</b>
Preferred retail	\$3	\$0	\$3	\$0	\$3	\$0
Mail order	\$0	\$0	\$0	\$0	\$0	\$0
Standard retail	\$10	\$20	\$10	\$20	\$10	\$20
<b>Tier 2: Generic</b>						
Preferred retail / mail order	\$13	\$26	\$13	\$26	\$8	\$16
Standard retail	\$20	\$40	\$20	\$40	\$15	\$30
<b>Tier 3: Preferred brand</b>						
Preferred retail / mail order	\$40	\$100	\$40	\$100	\$40	\$100
Standard retail	\$47	\$117.50	\$47	\$117.50	\$47	\$117.50
<b>Tier 4: Non-preferred drug</b>						
Preferred retail / mail order	40%	40%	40%	40%	40%	40%
Standard retail	45%	45%	45%	45%	45%	45%
<b>Tier 5: Specialty</b>						
Preferred retail / mail order	27%	N/A	28%	N/A	28%	N/A
Standard retail	27%	N/A	28%	N/A	28%	N/A

**Coverage gap** (what you pay after you and your plan pay \$4,130 for prescription drugs)

Generic drugs	You pay 25%
Brand-name drugs	You pay 25%

**Catastrophic coverage** (what you pay after your total out-of-pocket costs reach \$6,550)

Generic drugs	You pay the greater of \$3.70 or 5%
Brand-name drugs	You pay the greater of \$9.20 or 5%

You may pay more than your copay or coinsurance amount if you get drugs from an out-of-network pharmacy. Long-term care facility residents pay the same as at a standard retail pharmacy and are limited to a one-month supply (three-month supply is not available). Cost-sharing may change if you qualify for Extra Help. To find out if you qualify, call the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778) between 7 a.m. and 7 p.m., Monday through Friday.

## Optional supplemental dental benefits

Optional supplemental benefits are not available for the Regence Valiance plan and Regence MedAdvantage + Rx Enhanced plan as they already include these benefits.

	<b>Dental Option I (for Primary PPO plan)</b>		<b>Dental Option II (for Classic PPO plan)</b>	
<b>Monthly plan premium</b> (in addition to your monthly plan and Part B premiums)	\$24		\$24	
	<b>In-network</b>	<b>Out-of-network</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Comprehensive dental services<sup>2</sup></b>				
Diagnostic	50%; \$1,000 benefit limit per calendar year for all comprehensive dental services	50%; \$1,000 benefit limit per calendar year for all comprehensive dental services	Included in standard medical benefits	Included in standard medical benefits
Restorative			50%; \$1,000 benefit limit per calendar year	50%; \$1,000 benefit limit per calendar year

**1-** Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.



## Pre-enrollment checklist

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Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-541-8981**.

### Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **regence.com/medicare** or call **1-800-541-8981** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

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### Covered preventive care services

Our plans cover the following Medicare-covered preventive services, along with any additional preventive services that Medicare approves during the contract year.

Abdominal aortic aneurysm screening  
Alcohol misuse screenings and counseling  
Annual Wellness Visit  
Bone mass measurements (bone density)  
Breast cancer screening (mammogram)  
Cardiovascular disease screenings  
Cardiovascular disease behavioral therapy  
Cervical and vaginal cancer screening

Colorectal cancer screenings (multi-target stool DNA test, barium enemas, colonoscopy, fecal occult blood test or flexible sigmoidoscopies)  
Depression screening  
Diabetes screening  
Diabetes self-management training  
Glaucoma tests  
Hepatitis B virus (HBV) infection screening  
Hepatitis C screening test  
HIV screening  
Lung cancer screenings with Low Dose Computed

Tomography (LDCT)  
Medicare Diabetes Prevention Program (MDPP)  
Nutrition therapy services  
Obesity screenings and counseling  
Prostate cancer screenings  
Sexually transmitted infections screening and counseling  
Immunizations for flu, hepatitis B and pneumococcus  
Tobacco use cessation counseling  
“Welcome to Medicare” preventive visit (one time)

## Important information about benefits

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### Routine hearing services

For more information about your routine hearing benefits or to find a hearing provider, call TruHearing at **1-855-542-1711** (TTY: 711), 8 a.m. to 8 p.m. Monday through Friday. Or visit **truhearing.com**.

### Routine vision services

For more information about your routine vision benefits or to find a vision provider, call VSP Vision Care at **1-844-299-3401** (TTY: 1-800-428-4833), 5 a.m. to 6 p.m. Pacific time, Monday through Friday, or 7 a.m. to 5 p.m. Pacific time, Saturday and Sunday. Or visit **vsp.com**.

### Virtual companionship

Eligible members are able to receive support services, such as grocery and pharmacy pick-up/delivery, technology assistance, phone visits and more. For more information or to see if you qualify, call Papa Pals at **1-877-310-0303** (TTY: 711) 5 a.m. to 8 p.m. Pacific time, Monday through Friday, or 5 a.m. to 5 p.m. Pacific time, Saturday and Sunday. Or visit **Joinpapa.com/Regence**.

### The Silver&Fit program

Includes a basic membership at one or more participating fitness centers, plus an expanded home fitness program with two home fitness kits, one Stay Fit kit (Fitbit, Garmin, yoga or strength training), weekly 1-to-1 health coaching, and more. For more information or to sign up, call Silver&Fit at **1-888-797-8086** (TTY: 711), 5 a.m. to 6 p.m. Pacific time, Monday through Friday. Or visit **SilverandFit.com**.

### Over-the-counter items

Members of select plans receive a prepaid discount card and a list of product categories that are eligible for the OTC program. Allowance renews each quarter; unused credit does not accumulate or carry over to the next quarter. The card can be used at participating retail locations or online at **NationsOTC.com**. For more information, call Regence Customer Service at **1-800-541-8981** (TTY: 711).

### Meal delivery service

No-cost meals for chronic condition or post-hospital stay nutritional support for those who qualify and participate in the plan's care/case management program. Mom's Meals delivers meals to all 50 states plus U.S. territories. For more information or to see if you qualify, call Regence Customer Service at **1-800-541-8981** (TTY: 711).

### Personal emergency response system (PERS)

Receive a Lively™ Mobile Plus medical alert device and monthly monitoring per calendar year when arranged by the plan. For more information, call GreatCall at **1-800-358-9066** (TTY: 711). Or visit **greatcall.com/RegenceWA**.

### Virtual visits (telehealth)

Primary care and mental health visits are available by mobile app, video or phone. For more information or to schedule an appointment, call MDLIVE at **1-800-400-6354** (TTY: 711), 24 hours a day, 7 days a week. Or visit **mdlive.com**.

### 24-hour nurse line

Regence Advice24 gives you 24/7 access to a medical professional for self-care suggestions for minor injuries and illnesses or help determining if an urgent care facility or emergency room is needed for more immediate care. Call **1-800-267-6729** (TTY: 711).

### Urgent and emergency care when you travel

If you travel outside the United States, the plan covers urgent care and medical emergencies in more than 190 countries around the world. Part D prescription drug coverage is not available outside the United States and its territories.

### Visitor/travel program (PPO plans only)

By using a participating provider of the Blue Medicare Advantage PPO Network Sharing Program, you receive the same in-network benefits for Medicare-covered services as you would at home. This network is available in select areas of 43 states and Puerto Rico. You can search for a participating provider at **bcbs.com/find-a-doctor** or call Regence Customer Service at **1-800-541-8981** (TTY: 711).

**Regence Medicare Advantage Plans**  
**Monthly Plan Premium for People who get Extra Help from Medicare**  
**to Help Pay for their Prescription Drug Costs**

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

**PPO plans available in Clallam, Columbia, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Thurston, Wahkiakum, Walla Walla and Yakima counties in Washington**

Your level of extra help	Monthly Premium for Regence MedAdvantage + Rx PRIMARY (PPO)*	Monthly Premium for Regence MedAdvantage + Rx CLASSIC (PPO)*
100%	\$2.00	\$42.00
75%	\$11.00	\$51.00
50%	\$20.00	\$60.00
25%	\$29.00	\$69.00

**PPO plan available in Columbia, Cowlitz, Island, Lewis, Thurston, Wahkiakum, Walla Walla and Yakima counties in Washington**

Your level of extra help	Monthly Premium for Regence MedAdvantage + Rx ENHANCED (PPO)*
100%	\$121.00
75%	\$130.00
50%	\$139.00
25%	\$148.00

\*This does not include any Medicare Part B premium you may have to pay.

Regence MedAdvantage + Rx Primary (PPO), Regence MedAdvantage + Rx Classic (PPO) and Regence MedAdvantage + Rx Enhanced (PPO) premiums include coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-MEDICARE (1-800-633-4227), TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Customer Service at **1-800-541-8981** (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday (from October 1 through March 31, 8:00 a.m. to 8:00 p.m., seven days a week).

You must continue to pay your Medicare Part B premium. Regence optional supplemental benefit plan members must continue to pay their optional supplemental benefit plan premium.

## Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face or telephonic appointment sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**Please initial below beside the type of product(s) you want the agent to discuss.**

(Refer to page 2 for product type descriptions)

☐

**Stand-alone Medicare Prescription Drug Plans (Part D)**

☐

**Hospital Indemnity Products**

☐

**Medicare Advantage Plans (Part C) and Cost Plans**

☐

**Medicare Supplement (Medigap) Products**

☐

**Dental/Vision/Hearing Products**

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	Signature Date:
If you are the authorized representative, please sign above and print below:	
Representative's Name:	Your Relationship to the Beneficiary:
To be completed by Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed:
[Plan Use Only:]	
Agent, if the form was not signed by the beneficiary prior to the appointment, provide explanation why SOA was not documented prior to meeting:	

\*Scope of Appointment documentation is subject to CMS record retention requirements \*



## Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

## Medicare Advantage Plans (Part C) and Cost Plans

**Medicare Health Maintenance Organization (HMO)** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare Private Fee-For-Service (PFFS) Plan** — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

**Medicare Point of Service (POS) Plan** — A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

**Medicare Special Needs Plan (SNP)** — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan** — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan** — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

## Dental/Vision/Hearing Products

Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

## Hospital Indemnity Products

Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

## Medicare Supplement (Medigap) Products

Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.